



429485



# OFFICE OF LAND QUALITY HAZARDOUS WASTE HANDLER IDENTIFICATION

ID FORM

(Instructions at [www.in.gov/ldem/land/hazwaste/fds.html](http://www.in.gov/ldem/land/hazwaste/fds.html))

INFORMATION ON FILE as of 09/16/2002		CHANGES NEEDED (please print)
COUNTY	LAKE	Reason for submittal <input type="checkbox"/> Subsequent notification to update information <input type="checkbox"/> As a component of the annual or biennial report
RCRA ID	IND077005916	
NAME	GARY DEVELOPMENT CO INC	
LOCATION ADDRESS	479 CLINE AVE GARY IN 46402	_____ we moved * _____ post office change
MAILING ADDRESS	PO BOX 6056 GARY IN 46406	_____
CONTACT	LAWRENCE H HAGEN	_____
Title	479 CLINE AVENUE	_____
Address	GARY IN 46402	_____
Phone	219-944-7858 Ext	_____
Fax		_____
E-mail		_____
OWNER Address	ZZZ - UNKNOWN PO BOX 6056 GARY IN 46406	_____
phone	219-944-7858 Ext	_____
fax		_____
e-mail		_____
Land type	_____ private _____ municipal _____ county	Did the owner change? <input type="checkbox"/> Yes <input type="checkbox"/> No
Owner type	_____ state _____ federal _____ district	Date changed: _____/_____/_____
	_____ Indian _____ other	* WARNING If you have moved you may no longer use your old RCRA ID number. IDEM will issue a number for your new location.

Contact for  
questions on the  
Annual/Biennial report

Last Name \_\_\_\_\_  
Title \_\_\_\_\_

First Name \_\_\_\_\_  
Phone # \_\_\_\_\_

"I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to ensure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate and complete. I am aware that there are significant penalties under Section 3008 of the Resource Conservation and Recovery Act for submitting false information. Including the possibility of fine and imprisonment for knowing violations."

Last Name BOSEMAN First name ANITA Title ON-Scene Coordinator  
Signature Anita Boseman Date 09/16/2002

IND077005916

GARY DEVELOPMENT CO INC

HAZARDOUS WASTE ACTIVITY	OLQ records	Current status	Previous (report) year status When ID form is sent with HW report
<b>GENERATOR</b> LQG = large quantity SQG = small quantity CEG = conditionally exempt	out of business	<input type="checkbox"/> LQG <input checked="" type="checkbox"/> SQG <input checked="" type="checkbox"/> CEG <input type="checkbox"/> Non-handler * <input type="checkbox"/> Out of Business*	<input type="checkbox"/> LQG <input type="checkbox"/> SQG <input type="checkbox"/> CEG <input type="checkbox"/> Non-handler <input type="checkbox"/> Out of Business
<b>TREATMENT, STORAGE, DISPOSAL FACILITY</b>		<input type="checkbox"/> Active TSD <input type="checkbox"/> Inactive TSD <input type="checkbox"/> Completed RCRA closure <input type="checkbox"/> Post closure activities	<input type="checkbox"/> Active TSD <input type="checkbox"/> Inactive TSD <input type="checkbox"/> Completed RCRA closure <input type="checkbox"/> Post closure activities
<b>TRANSPORTER</b> S = we transport our own waste C = we transport waste for others X = transporter, status unknown		<input type="checkbox"/> We transport our own waste (S) <input type="checkbox"/> We transport for others (C) <input type="checkbox"/> No longer transport; still in business <input type="checkbox"/> Out of business	* If you have checked out of business or non-handler, we will deactivate your RCRA ID number.  You must re-notify IDEM before you may reuse the number.
<b>EXEMPT BOILER and/or INDUSTRIAL FURNACE</b> smelting, melting, refining exemption small quantity on site burner exemption	_____ _____	_____ smelting, melting, refining exemption _____ small quantity on site exemption	

**USED OIL**

_____ Transporter	_____ Processor	_____ Marketer who directs shipment to off-specification burner
_____ Transfer Facility	_____ Re-refiner	_____ Marketer who first claims the oil meets specifications
_____ Collection Ctr		_____ Off-specification Used Oil Burner

**UNIVERSAL WASTE**
 L = large handler  
 S = small handler
**TRANSFER FACILITY**

_____ Mix	_____ Combine	_____ Pump	_____ Open containers
_____ Bulk	_____ Comingle	_____ Repackage	_____ Transfer between vehicles

**NAICS CODES**

(primary)

(Go to [www.naics.com](http://www.naics.com) for codes)**HW CODES**

(Box 1 on the Uniform HW Manifest)

**COMMENTS**

U.S. EPA removal action, generator ID# for disposal of waste.  
 Emergency

Return to: Facilities Data Analysis Section, Office of Land Quality  
 Indiana Department of Environmental Management  
 PO Box 6015, 100 North Senate Avenue  
 Indianapolis, Indiana 46206-6015